

PRIMARY CARE PRICE TRANSPARENCY

Frequently billed Services

CPT Code	Description	Billed Charge	Average Commercial Insurance Allowed	Medicare	Medical Assistance	
99214	office visit, established patient, level 4	\$ 461.00	\$ 351.20	\$ 134.25	\$ 105.22	Evaluation & Management
99215	office visit, established patient, level 5	\$ 654.00	\$ 495.38	\$ 190.11	\$ 149.30	
99213	office visit, established patient, level 3	\$ 325.00	\$ 248.02	\$ 94.49	\$ 73.99	
99349	home visit established patient, moderate level MDM	\$ 450.00	\$ 340.86	\$ 129.82	\$ 101.81	
99211	office visit, established patient, level 1	\$ 85.00	\$ 53.85	\$ 24.67	\$ 19.15	
99350	home visit established patient, high level MDM	\$ 651.00	\$ 495.84	\$ 189.29	\$ 148.51	
99496	transitional care management, 7-day discharge	\$ 1,022.00	\$ 774.44	\$ 297.72	\$ 233.79	
99348	home visit established patient, low level MDM	\$ 298.00	\$ 205.34	\$ 77.95	\$ 61.13	
99204	office visit, new patient, level 4	\$ 599.00	\$ 455.85	\$ 174.11	\$ 136.71	
99205	office visit, new patient, level 5	\$ 796.00	\$ 604.05	\$ 231.48	\$ 181.84	
99396	preventive medicine, established patient, age 40-64	\$ 449.00	\$ 320.67	n/c	\$ 100.23	Preventive Services
G0439	annual wellness exam (AWV), subsequent	\$ 470.00	\$ 316.45	\$ 136.56	\$ 104.97	
99397	preventive medicine, established patient, age 65+	\$ 483.00	\$ 346.21	n/c	\$ 108.37	
99395	preventive medicine, established patient, age 18-39	\$ 420.00	\$ 302.40	n/c	\$ 94.72	
99393	preventive medicine, established patient, age 5-11	\$ 376.00	\$ 270.43	n/c	\$ 85.01	
99394	preventive medicine, established patient, age 12-17	\$ 411.00	\$ 295.35	n/c	\$ 92.88	
99391	preventive medicine, established patient, age <1	\$ 357.00	\$ 254.86	n/c	\$ 80.29	
99392	preventive medicine, established patient, age 1-4	\$ 379.00	\$ 283.17	n/c	\$ 85.28	
99386	preventive medicine, new patient, age 40-64	\$ 540.00	\$ 383.57	n/c	\$ 120.96	
G0402	initial preventive exam (Welcome to Medicare Exam)	\$ 594.00	\$ 400.75	\$ 173.07	\$ 133.28	
36415	collection of venous blood by venipuncture	\$ 33.00	\$ 7.39	n/c	\$ 9.34	Other
G2211	Medicare visit complexity, add-on	\$ 60.00	\$ 39.38	\$ 17.06	n/c	
96127	brief behavioral/emotional assessment	\$ 42.00	\$ 12.78	\$ 4.91	\$ 3.88	
G0442	annual alcohol screening (AWV component)	\$ 92.00	\$ 43.43	\$ 18.83	n/c	
90471	immunization admin/counseling, first vaccine/component	\$ 96.00	\$ 57.75	\$ 22.27	\$ 17.31	

*Effective July 1, 2019, in accordance with MN Statute 62J.812, all family medicine, general internal medicine, gynecology, or general pediatrics providers are required to maintain a list of the services over \$25 that correspond with their 25 most frequently billed CPT codes including: 1) the ten most frequently billed evaluation and management codes (99201-99499), and 2) the ten most frequently billed preventive services (99381-99429). The list must be updated annually (including any changes to the most frequently billed) and is to be posted in the lobby and on the provider's website.